

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	7-24-01
<b>FORMALITY REVIEW</b>	H-T	913	08/28/01
<b>RESPONSE FORMALITY REVIEW</b>	T2	947	01/03/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
1	6/1/01
2	✓
3	✓
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If more than 150 claims or 10 actions  
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Best Available Copy

10/22/01  
10/22/01  
11/3/01